## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

B 4746:0001 1PODI

. CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			25					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		· 5			X\$ 9=	451	OR	X\$18=	,
INDEPENDENT CLAIMS			4 minus 3 =		• (			X40=	40	OR	X80=	****
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	70	1	+270=	<del></del>
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2		TOTAL		OR OR	TOTAL	
CLAIMS AS AMENDED - PAR					TII			IOIAL		Oh	OTHER	THAN
	_		(Colui	mn 2)	(Column 3)	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	dependent + Minus +**  RST PRESENTATION OF MULTIPLE DEPENDEN		5 01 4144	=		X40=		OR	X80=		
_	FIRST PRESE	NIATION OF MI	JLIIPLE DE	PENDEN	CLAIM			+135=		OR	+270=	
	•		·				ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			ADDIT. FEE	i		ADDII. I EE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	'ENDEN I	CLAIM		<b>ا</b> ا	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column											ADDI1. 1 EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OF MI	Minus	***		=		X40=		OR	X80=	
	FIRST PHESE	NTATION OF MU	JLI IPLE DEF	CNUENT	CLAIM		¹	+135=		OR	+270=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									∩B I	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												